



## PATIENT

Zoey The Perfect Princess Osborne

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

6.85 kg

## INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

## IMAGING PERFORMED BY

Dr. Kelly Schwanebeck

## HOSPITAL NAME

Animal Emergency Hospital Deland

## REFERRING VET

Dr. Kelly Schwanebeck

## INVOICE

12268

## DATE

11/15/25

## PRESENTING CLINICAL SIGNS

Zoey is an almost 10 YO FS Chihuahua mix who was presented for pale gums and not acting herself. For the past week patient has not been herself. She has been having bloody diarrhea on and off - none for the past two days. She has been eating but decreased. She seemed like she was going to vomit this evening but didn't. She has a history of Addison's disease, hypothyroidism, gallbladder mucocele. patient previously diagnosed with Cushing's disease but became Addisonian after therapy. she presented in Addisonian Crisis

Abnormal PE/Chem/CBC/UA Results: ALP 3493 U/I 0-140 CRE 0.3mg/dl 0.4-1.4 Ca 8.2mg/dl 9.0-12.2 GLU 513 mg/dl 75-125 ALT 436 U/I 0-120 ALP > 993 U/I 0-140 GGT 56U/I 0-14 TBIL 0.8mg/dl 0.0-0.5 WBC 16.97 10<sup>3</sup>/uL 5.32-16.92 NEU# 15.02 10<sup>3</sup>/uL 3.05-12.10 RBC 5.15 10<sup>6</sup>/uL 5.20-8.69 RET# 170.5 10<sup>3</sup>/uL 9.0-115.0 RET% 3.31% 0.16-1.95 RHE 19.3pg 20.0-28.3 pH 7.491 7.360-7.460 Na<sup>+</sup> 134 mmol/L 140-151 Cl<sup>-</sup> 101 mmol/L 106-127 Glu 510mg/dL 63-124 Hct 33% 36-55

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was visualized bilaterally. The left kidney measured 5.2 cm in length. The right kidney measured 5.0 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized in conjunction with patient's history.

### Spleen

The spleen presented with normal size and contour with mild nonhomogenous parenchyma. No evidence of splenic mass or nodules. Normal vascularity was maintained.

### Liver

The liver exhibited generalized enlargement with multiple variably enlarged nonhomogenous hypoechoic hepatic masses and nodules including nodules exhibiting central hyperechogenicity with hypoechoic periphery consistent with target lesion criteria. An example of liver mass measured 5.0 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not visualized.

### Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, minor progressive distal acoustic shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing intestine ingesta was present.

Normal visible colon wall layers were present with apparent formed feces in lumen.

## Pancreas

The right pancreas presented with prominent size exhibiting nonhomogenous remodeled parenchyma.

## Free Abdomen

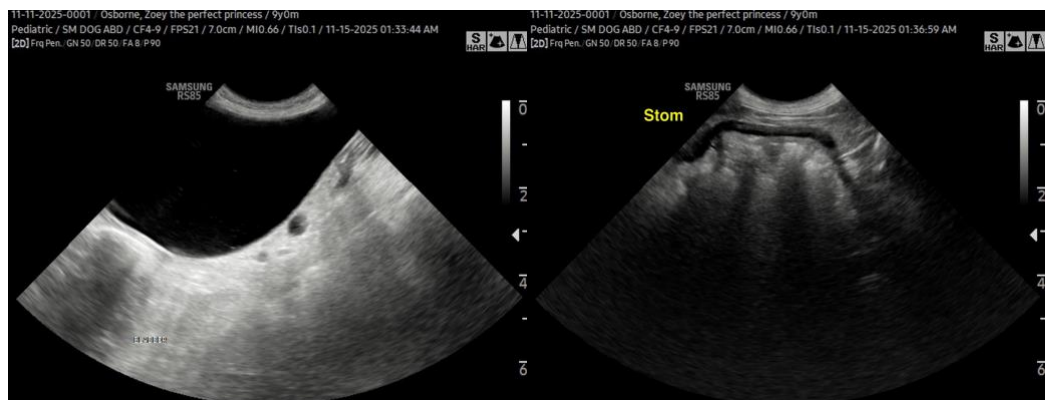
No obvious significant omental lymphadenopathy or peritoneal effusion was present.

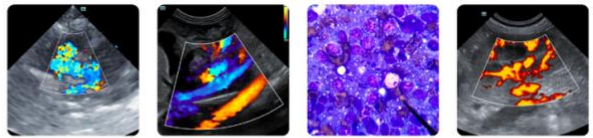
## ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic neoplasia including variably sized masses, nodules and target lesions.
- Nonorganized gallbladder debris (non-mucocele).
- Mild heterogeneous spleen.
- Mild chronic renal changes exhibiting mild pyelectasia.
- Normal gastrointestinal tract with gastrointestinal ingesta- ingesta consistent with food echogenicity.
- Prominent remodeled pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA cytology and potential oncology consult could be considered, however, unfortunately surgical options appear precluded. Gastrointestinal support and empirical therapy for possible chronic to chronic active pancreatitis is recommended.





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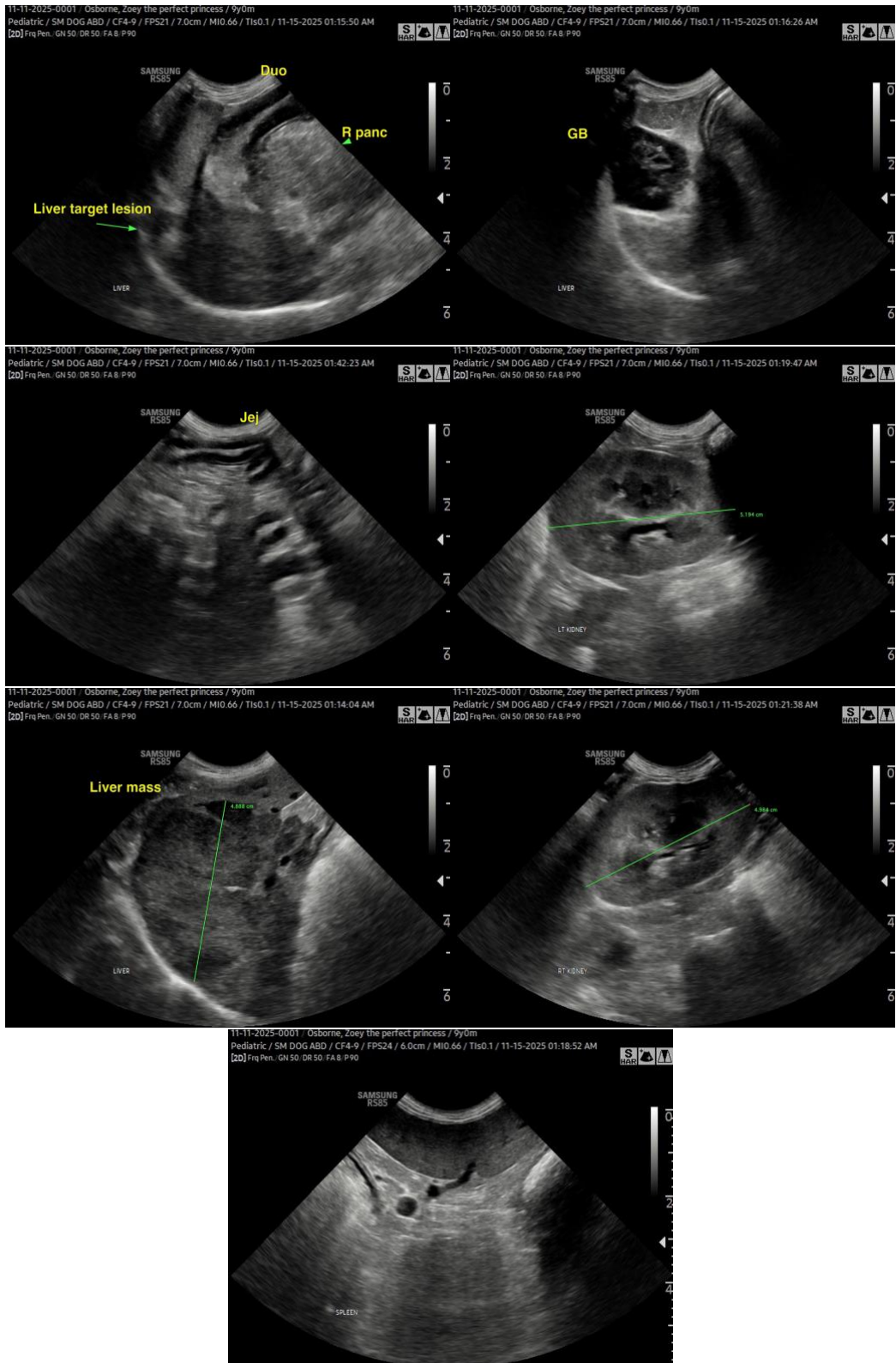
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)